PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I

Application or Docket Number

SEG003-US-02

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			15				RA		FEE	1	RATE	FEE
FOR			NUMBER FILED		. NUMBER EXTRA		BASI			OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/\sum_ minus 20=		*		X\$	9=		OR	X\$18=	
	EPENDENT CL	,		nus 3 =	*		X4	0=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT	ESENT			+13	5=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							ТОТ	AL	355	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	*	HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 28	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	dependent Minus Minus MENT PRESENTATION OF MULTIPLE DEPENDENT MENT PRESENTATION OF MULTIPLE DEPENDENT MENT PRESENTATION OF MULTIPLE DEPENDENT MINUS MI			CL AIM	=	X40)=		OR	X80=	
<u> </u>	FINST FRESE	INTATION OF ME	DETIFIE DEF	CINDEIN	CLAIM		+13	5=		OR	+270=	
							TO ADDIT.	OTAL		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											ADDII. 1 EE	
AMENDMENT B	.	CLAIMS REMAINING AFTER AMENDMENT	4 4	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$:	9=		OR	X\$18=	
	Independent	*	Minus	***	- 01 4114	=	X40)=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	
								TAL FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X40)=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							5=		OR	+270=	
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR I	TOTAL	
***	If the "Highest Nu	mber Previously Pa mber Previously Pa aber Previously Pa	aid For" IN THI	S SPACE	is less tha	an 3, enter "3."	ADDIT. r found in the	_	propriate box		ADDIT. FEE I lumn 1.	